

STATE OF TENNESSEE DEPARTMENT OF SAFETY

Towing Service Application for THP Call List

TO:	CAPTAIN Date of Application:		
	DISTRICT		
	ADDRESS		
Dear C	Captain:		
	(Name of Owner)		, submit this, my
	(Name of Owner)		, , , , , , , , , , , , , , , , , , ,
formal	request, as owner or proprietor of	(Towing Service)	
		(Towning Service)	
and do list.	hereby request to be included on the Tennesse	ee Highway Patrol's Rotating To	owing Service call
of tow	further attest that I have read, understand and ving services as contained in the Tennessee Del while performing services requested by the m	Department of Safety's Towing S	Service Standards
	do solemnly swear/affirm that all statements m at of my knowledge.	nade in connection with this appl	ication are true to
		Respectfully submitted,	
		Name of Towing	Service
		Signature of O	wner
		Date	

SF-1112 (Rev. 6/07)